



UNDERSTANDING MATERNAL MORTALITY

NWA'S MISSION

The National WIC Association (NWA) is the nonprofit voice of the 12,000 public health nutrition service provider agencies who serve nearly 6.9 million mothers, babies, and young children. NWA provides education, guidance, and support to WIC staff and drives innovation and advocacy to strengthen WIC as we work toward a nation of healthier families.



WHAT IS MATERNAL MORTALITY?

The Centers for Disease Control and Prevention (CDC) utilize the World Health Organization's definition of maternal mortality: the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.¹

The United States continues to have the highest rate of maternal deaths of any high-income nation despite a decline since the COVID-19 pandemic. In 2022, there were 22 maternal deaths for every 100,000 live births, more than double and sometimes triple the rate for most other high-income nations.²

MATERNAL MORTALITY RATE

Year	Maternal Mortality Rate
2020	23.8
2021	32.9 ³
2022	22.3
2023	18.6 ⁴



MATERNAL MORTALITY RATE BASED ON RACE^{5, 6, 7, 8}

Race and Hispanic origin	2020 Maternal Mortality	2021 Maternal Mortality	2022 Maternal Mortality
Non-Hispanic White	19.1	26.6	19.0
Non-Hispanic Black	55.3	69.9	49.5
Hispanic	18.2	28.0	16.9
American Indian/Alaska Native	63.4	118.7	77.6
Native Hawaiian/Pacific Islanders	N/A***	N/A***	N/A***

NOTE ON LACK OF DATA ON AMERICAN INDIAN/ALASKA NATIVE AND NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) MATERNAL MORTALITY RATES:

AI and NHPIs are underrepresented in maternal health research despite increased evidence of poor maternal health outcomes and inequities in this population. Regarding NHPI, Dr. Rebecca Delafield of the University of Hawai'i shared there is little research into the specific experiences of NHPIs in the context of pregnancy and childbirth.⁹ March of Dimes 2023 Report Card for the United States stated that the 2018-2021 aggregate maternal mortality rate for suppressed groups, such as Native Hawaiian or Pacific Islander is 49.65.¹⁰[WC1] [DB2]

FACTORS CONTRIBUTING TO MATERNAL MORTALITY

According to 2017-2019 data from States' Maternal Mortality Review Committees (MMRCs), 4 out of 5 of pregnancy-related deaths were preventable.¹¹ Given that 80% of pregnancy-related deaths can be prevented, this highlights the need for systemic change along with quality improvement initiatives in states, hospitals, and communities across the country to ensure that all pregnant and postpartum persons receive the right care at the right time.



Systemic factors contributing to maternal mortality in the US include:

Social Determinants of Health

Defined as the conditions in which people are born, grow, live, work, and age, the social determinants of health also profoundly influence health outcomes. Influenced by the distribution of money, power, and resources, the social determinants of health are primarily responsible for health inequities.¹²

Lack of Prenatal Care in Rural Areas and Maternity Care Deserts.

The American College of Obstetricians and Gynecologists (ACOG) reports that women living in rural areas experience poorer health outcomes and have less access to healthcare.¹³ Many rural areas have limited numbers of healthcare providers, especially those focusing on women's health.

According to March of Dimes' Where You Live Matters: Maternity Care Deserts and the Crisis of Access and Equity, 5.6 million women live in U.S. counties with limited or no access to maternity care services¹⁴. In fact, 36% of the nation's counties are

considered maternity care deserts that do not have a hospital with birthing centers or obstetric care, and 80% of women with limited access to maternal care face a higher burden of pre-existing chronic health issues that increase likelihood of preeclampsia and preterm birth. Additionally, areas with maternal care deserts also have a population with higher rates of low socioeconomic status, unsafe and unhealthy environments, including high crime rates, pollution, and lack of affordable housing.

Racial/Ethnic Discrimination

Research shows that stress, racism, and racial discrimination all influence maternal mortality and morbidity in Black, Indigenous, and Native Hawaiian/Pacific Islander populations. In fact, women of color in the US are disproportionately at risk for pregnancy complications, poor birth outcomes, and maternal death.¹⁵

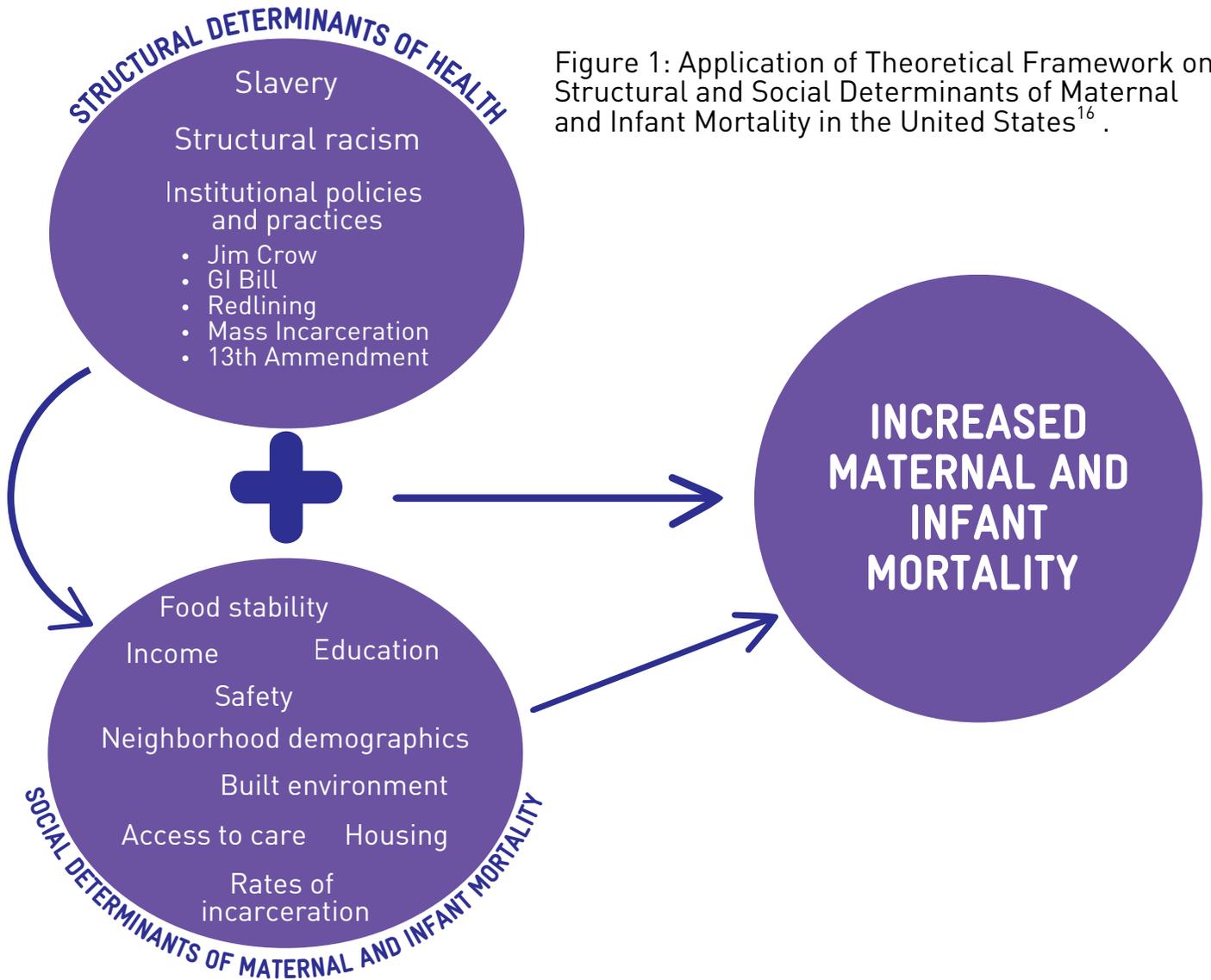


Figure 1: Application of Theoretical Framework on Structural and Social Determinants of Maternal and Infant Mortality in the United States¹⁶.

HOW WIC CAN HELP

To provide holistic care specific to populations disproportionately impacted by maternal mortality and morbidity, WIC staff should consider the following recommendations:

- » Listen to these populations.
- » Recognize the historical experiences and expertise of these individuals and their families.
- » Disentangle care practices from the racist beliefs in modern medicine.
- » Replace white supremacy and patriarchy with a new care model.
- » Empower all patients with health literacy and autonomy.
- » Empower and invest in paraprofessionals.
- » Recognize that access does not equal quality, and equitable, care.

WHY WIC MATTERS

Although WIC staff can feel hesitant when addressing the topic of maternal mortality, it's important that staff provide meaningful support and referrals to program participants. While WIC staff are not experts on maternal mortality, WIC remains an important program during this critical time in a participant's life.

WIC is seen by families as a trusted provider in their community. Often, WIC is the only point of contact after a participant has their child in which they can receive breastfeeding education, postpartum nutrition counseling, referrals to health and social services, and other community resources. This perfectly positions WIC to be a protective factor for participants.

For more information about maternal mortality and WIC, read the Infant and Maternal Mortality Task Force Report [The Role of WIC in Reducing Maternal Mortality](#).

¹How NCHS Measures Maternal Deaths, 2020. Natl. Cent. Health Stat.

²Guaja, M., Gumas, E., Mashitha, R., Zephyrin, L., 2024. Insights into the U.S Maternal Mortality Crisis: An International Comparison. Common. Found.

³Hoyert, D.L., 2023. Maternal Mortality Rates in the United States, 2021. Natl. Cent. Health Stat. Health E-Stats 1-5.

⁴Hoyert, D.L., 2024. Maternal Mortality Rates in the United States, 2022. Natl. Cent. Health Stat. Health E-Stats 1-6.

⁵Hoyert, D.L., 2024. Maternal Mortality Rates in the United States, 2022. Natl. Cent. Health Stat. Health E-Stats 1-6.

⁶Pregnancy Mortality Surveillance System, 2024. US Cent. Dis. Control.

⁷Provisional Maternal Mortality rates, 2024. Natl. Cent. Health Stat

⁸Hoyert, D.L., 2024. Maternal Mortality Rates in the United States, 2022. Natl. Cent. Health Stat. Health E-Stats 1-6.

⁹Delafield, R., 2023. NationIncome on Minority Health and Health Disparities. Voices Pac. Adv. Matern. Health Equity Together.

¹⁰2023 March of Dimes Report Card For United States, 2023. . March Dimes Peristats.

¹¹Four in 5 pregnancy deaths in the U.S. are preventable, 2022. CDC.

¹²About social determinants of health. World Health Organization., 2017. World Health Organ.

¹³ACOG Seeks to Expand Access, Increase Quality, and Improve Outcomes for Maternal Health in Rural Communities, 2020. Am. Coll. Obstet. Gynecol.

¹⁴Smith, S., 2023. New March of Dimes Research Shows Access to Maternity Care Worsening for Millions of Women in the U.S. March Dimes.

¹⁵McDonald, K., 2016. Maternal Health and Rights in the United States: Inequity in the Land of Plenty. Matern. Health Task Force.

¹⁶Njoku, A., Evans, M., Nimo-Sefah, L., Bailey, J., 2023. Listen to the Whispers before They Become Screams: Addressing Black Maternal Morbidity and Mortality in the United States. Health.